United States Bankrung Chapt Page 1 of 4 INVOLUNTARY **PETITION Northern District of Illinois - Eastern Division** IN RE (Name of Debtor - If Individual: Last, First, Middle) ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) Platinum Packaging, Inc. Last four digits of Social-Security or other Individual's Tax-ID No./Complete EIN (If more than one, state all.) 36-4086212 STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) MAILING ADDRESS OF DEBTOR (If different from street address) 3818 Grandville Avenue Gurnee, IL 60031 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <u>Lake</u> LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED Chapter 7 ☐ Chapter 11 INFORMATION REGARDING DEBTOR (Check applicable boxes) Nature of Debts Type of Debtor Nature of Business (Check one box) (Check one box) (Form of Organization) ☐ Health Care Business ☐ Individual (Includes Joint Debtor) ☐ Single Asset Real Estate as defined in Petitioners believe: Corporation (Includes LLC and LLP) 11 U.S.C. § 101(51)(B) ☐ Debts are primarily consumer debts ☐ Partnership ☐ Railroad Debts are primarily business debts Other (If debtor is not one of the above entities, ☐ Stockbroker check this box and state type of entity below.) Commodity Broker Clearing Bank Other VENUE FILING FEE (Check one box) Full Filing Fee attached Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 Petitioner is a child suport creditor or its representative, and the form specified days immediately preceding the date of this petition or for in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. a longer part of such 180 days than in any other District. a child support creditor or its representative is a petitioner, and if the A bankruptcy case concerning debtor's affiliate, general petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of partner or partnership is pending in this District. 1994, no fee is required.] PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.) Name of Debtor Case Number Relationship District Judge ALLEGATIONS COURT USE ONLY (Check applicable boxes) Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; 3.b. Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

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Page 2 of 4	0	7
Case No		

TRANSFER OF CLAIM  Checi; this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).					
evide nee the transfer and any statements that are required under Danielley Text 100 (2)  REQUEST FOR RELIEF  etitions (s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this etition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting ecogniti in is attached.					
Petitione (s) declare under penalty of perjury that the foregoing is true correct a conding to the best of their knowledge, information, and believe the second of their knowledge, information, and believe the second of their chief the second of their chief the second of their chief	x Collect Mouse 6/4/08 Signature of Attorney Date Much Shelist, et.al. Name of Attorney Firm (If any) Address 191 N. Wacker Drive, Suite 1800 Chicago, IL 60606  Telephone No. 312-521-2000				
	*				
x Signature of Petitioner or Representative (State title)	Signature of Attorney Date				
Name of Petitioner Date Signed	Name of Attomey Firm (If any)				
Name & Mailing Address of Individual Signing in Representative Capacity	Address  Telephone No.				
x					
Signatur : of Petitioner or Representative (State title)	Signature of Attorney Date				
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing Address of Individual Signing to Representative Capacity	Address - Telephone No.				
PETITIONI	ING CREDITORS				
Name at d Address of Petitioner	Nature of Claim  Services  \$0.65, 285, 78				
LTN Staffing LLC Warkson, K 6008.	5 provided \$965,285.78  Nature of Claim Amount of Claim				
Name ard Address of Petitioner					
Name at 1 Address of Patitioner	Name of Claim Amount of Claim				
Note: If there are more than three petitioners, attach additional ship penalty of perjury, each petitioner's signature under the state and petitioning creditor information in the format above.	teries with the statement under Total Amount of Petitioners' Claims				

continuation sheets attached

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Case No.

TRANSFER OF CLAIM					
Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that					
evidence the transfer and any statements that are required under					
REQUEST FOR RELIEF  Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.					
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.					
Signature of Petitional or Representative (State title)  5-29-08	Signature of Attorney	Date			
Name of Petitioner  Date Signed  Signed  Signed  Name & Mailing  Silver of Individual  Silver of Individual	Name of Attorney Firm (If any)				
Name & Mailing SII No. A. LO. V. A. LO.	Address	,			
Address of Individual Signing in Representative Capacity  STARTOLY THUE.  CAPACILE, TL. 60036					
-	Telephone No.	M			
x	×				
Signature of Petitioner or Representative (State title)	Signature of Attorney	Date			
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing	Address				
Address of Individual Signing in Representative Capacity					
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Signature of Petitioner or Representative (State title)	Signature of Attorney	Date			
Name of Petitioner Date Signed	Name of Attorney Firm (If any)				
Name & Mailing	Address				
Address of Individual					
Signing in Representative Capacity	•				
	Telephone No.				
PETITIONING C	REDITORS Nature of Claim	Amount of Claim			
Name and Address of Petitioner 5/1 NaRvey Ave.	11-1-15-10-15 B	,			
	Nature of Claim	7/0, 667.16 Amount of Claim			
Name and Address of Petitioner	Manufa of Citifit	vinterit of Awart			
Name and Address of Petitioner	Nature of Claim	Amount of Claim			
Note: If there are more than three petitioners, attach additional sheets we penalty of perjury, each petitioner's signature under the statement and petitionine creditor information in the format above.	vith the statement under it and the name of attorney	Total Amount of Petitioners' Claims			

continuation sheets attached

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Case No.

TRANSFER OF CLAIM ☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a). REQUEST FOR RELIEF Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached. Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. Signature of Petitioner of Representative (State title) Signature of Attorney Date MELANGE ETCKHOFF DRA CHANDLER GROUP Name of Petitioner Date Signed Name of Attorney Firm (If any) HELANE EICKHOFF Address Name & Mailing DBA CHANDLER GROUP Address of Individual GIS TIPFALLY DR. Signing in Representative WALKEZAN, IC 60085 Capacity Telephone No. Signature of Petitioner or Representative (State title) Signature of Attorney Date Name of Petitioner Date Signed Name of Attorney Firm (If any) Address Name & Mailing Address of Individual Signing in Representative Capacity Telephone No. Signature of Petitioner or Representative (State title) Signature of Attorney Date Name of Petitioner Date Signed Name of Attorney Firm (If any) Name & Mailing Address Address of Individual Signing in Representative Capacity Telephone No. PETITIONING CREDITORS Name and Address of Petitioner Nature of Claim Amount of Claim COLINEACIEN SULVICES HELPHYE ETCKHOFF 615 71FFANY DR. WALKEYAN, ZC 6008 8/6,000.00 Name and Address of Petitioner Nature of Claim Amount of Claim Name and Address of Petitioner Nature of Claim Amount of Claim If there are more than three petitioners, attach additional sheets with the statement under Note: Total Amount of Petitioners' penalty of perjury, each petitioner's signature under the statement and the name of attorney Claims and petitioning creditor information in the format above.

continuation sheets attached